

MISSOURI ETHICS COMMISSION
NON-COMMITTEE EXPENDITURE REPORT
INSTRUCTIONS ON REVERSE SIDE

1. REPORT DATE 2/1515	2. FUNCTION OF REPORT (CHECK ONE) <input checked="checked" type="checkbox"/> INDEPENDENT EXPENDITURE STATEMENT (S-1) OR <input type="checkbox"/> INTERNAL DISSEMINATION REPORT (S-2)	OFFICE USE ONLY <i>BB</i>
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3. NAME OF PERSON OR ENTITY MAKING EXPENDITURE(S) Alliance for Childhood Education	1141022
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4. MAILING ADDRESS	5. TELEPHONE NUMBER
ADDRESS: 6320 Brookside Plaza, Suite 229	
CITY / STATE / ZIP: Kansas City, MO 64113	913-568-4529

6. TYPE OF ELECTION (CHECK ONE) <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> CAUCUS	7. DATE OF ELECTION
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8. TYPE OF REPORT (CHECK ONE)

☐ INITIAL REPORT ☐ REPORT WITHIN 14 DAYS OF ELECTION ☒ ADDITIONAL REPORT ☐ OTHER

[illegible]

16. TOTAL EXPENDITURES MADE (TOTAL COLUMN 15)	\$	3541.67
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17. VERIFICATION: I CERTIFY THAT THIS REPORT IS TRUE AND COMPLETE M.E.C. ID NO. N141022

SIGNATURE OF PERSON MAKING THE EXPENDITURE(S) OR AN AUTHORIZED AGENT <i>Tance Redisson, President</i>	DATE 2/15/15
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FEB 26 2015